


**Mississippi Department of Health
Bureau of Public Water Supply**
NON-TRANSIENT, NON-COMMUNITY FORM
FY 2016 Public Water System Capacity Assessment Form

NOTE: This form must be completed whenever a routine sanitary survey of a public water system is conducted by a regional engineer of the Bureau of Public Water Supply

PWS ID#: _____ Class: _____ Survey Date: _____ County: _____

Public Water System: _____ Conn: _____

Certified Waterworks Operator: _____ Pop: _____

CAPACITY RATING DETERMINATION

Technical (T) Capacity Rating: [_____] Managerial (M) Capacity Rating [_____]

$$\text{Capacity Rating} = \frac{T + M}{2} = \frac{\quad}{2} =$$

Overall Capacity Rating = _____

Completed by on _____

Comments: _____

Technical Capacity Assessment	Point Scale	Point Award
[T1] Does the water system have any significant deficiencies? [Y N]	N - 1pt. Y - 0pt.	
[T2] 1) Was the water treatment process functioning properly? [Y N] (i.e. Is ph, iron, free chlorine, etc. within acceptable range?) 2) Was needed water system equipment in place and functioning properly at the time of survey? [Y N] (NOTE: Equipment deficiencies must be identified in survey report.) 3) Were records available to the regional engineer clearly showing that all water storage tanks have been inspected and cleaned or painted (if needed) within the past 5 years? [Y N NA]	All Y - 1 pt. Else - 0 pt.	
[T3] 1) Was the certified waterworks operator or his/her authorized representative present for the survey? [Y N] 2) Was log book up to date and properly maintained and did it show that MSDH Minimum Job Guidelines for W.W. Operators were being met? [Y N] 3) Was water system properly maintained at time of survey? [Y N] 4) Did operator satisfactorily demonstrate to the regional engineer that he/she could fully perform all water quality tests required to properly operate this water system? [Y N] (NOTE: All YESs required to receive point)	All Y - 1 pt. Else - 0 pt.	
[T4] 1) Does water system routinely track water production and were acceptable water production records available for review by the regional engineer? [Y N] 2) Is water system overloaded? (i.e. serving customers in excess of MDH approved design capacity)? [Y N] 3) Was there any indication that the water system is/has been experiencing pressure problems in any part(s) of the distribution system? [Y N] (based on operator information, customer complaints, MSDH records, other information) 4) Are well pumping tests performed routinely? [Y N NA] (NOTE: YES for #1 & YES OR N/A/ FOR #4 and NOs for #2 & #3 required to receive point)	1)Y - pt. 2)N - pt. 3)N - pt. 4)Y - pt.	
[T5] 1) Does the water system have the ability to provide water during power outages? (i.e. generator, emergency tie-ins, etc.) [Y N] NOTE: Systems may provide bottled water if included as part of a published emergency plan. 2) Does the water system have a usable backup source of water? [Y N]	All Y - 1 pt. Else - 0 pt.	
TECHNICAL CAPACITY RATING = [_____] (Total Points)		

Public Water System: _____ PWS ID #: _____
 FY 2016 Public Water System Capacity Assessment Form Survey Date: _____

Management Capacity Assessment		Point Scale	Point Award
[M1] Were all SDWA required records maintained in a logical and orderly manner and available for review by the regional engineer during the survey? [<u>Y</u> <u>N</u>]		Y - 1pt. N - 0pt.	
[M2] Have acceptable written policies and procedures for operating this water system been formally adopted and were these policies and procedures available for review during the survey? [<u>Y</u> <u>N</u>]		Y - 1pt. N - 0pt.	
[M3] Has the water system had any SDWA violations since the last Capacity Assessment? [<u>Y</u> <u>N</u>]		N - 1pt. Y - 0pt.	
[M4] Has the water system developed a preventive maintenance schedule and was a copy of this schedule available for review during survey? [<u>Y</u> <u>N</u>]		Y - 1pt. N - 0pt.	
[M5] 1) Does the water system have an effective cross connection control program in compliance with MSDH regulations? [<u>Y</u> <u>N</u>] 2) Was a copy of the MSDH approved bacti sample site plan and lead and copper sample site plan available for review and do bacti results clearly show this approved plan is being used for all bacti monitoring? [<u>Y</u> <u>N</u>]		All Y - 1 pt. Else - 0 pt.	
MANAGEMENT CAPACITY RATING = [_____] (Total Points)			